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With filter-tips, cancer is down, heart disease up

A change of smoking habits—from plain cigarettes to the filter-tips—has resulted in a shift from lung cancer to coronary heart disease as the scourge of the cigarette smoker.

A statistical study from Oxford University, England, indicates that smokers who tried to reduce the threat of lung cancer by using filter-tipped cigarettes have probably succeeded. However, in fleeing lung cancer, they have traded tar for carbon monoxide and have exposed themselves to a greater risk of coronary heart disease, concludes Dr. Nicholas J. Wald in a study reported in the January 17 issue of *Lancet*.

Dr. Wald's team, from the depart-

By switching cigarettes, smokers trade tar for carbon monoxide—and risk coronary heart disease

ment headed by Sir Richard Doll, Regius Professor of Medicine, compared the changes in United Kingdom mortality rates for lung cancer and coronary heart disease, from 1953 to 1973, with changes in the type and quantity of cigarettes smoked by men and women over approximately the same time. They found that as use of filter-tips increased, the number of lung cancer deaths decreased. But at the same time, the incidence of coronary heart disease rose.

The decrease in deaths from cancer in men who smoked filter-tips results from a lower intake of nicotine and tar, Dr. Wald speculates. The increased coronary disease mortality, he adds, can be traced to the fact that filter-tipped cigarettes, which do not mix as much air with the smoke, pass more carbon monoxide through the

cigarette than plain cigarettes do. (The average carbon monoxide yield of the filter cigarettes in this study was 28% higher than that of plain brands.) Carbon monoxide—with other gases in tobacco smoke—has been linked to coronary heart disease.

In women, the case is somewhat different. The incidence of both lung cancer and coronary heart disease is up since 1955. Dr. Wald attributes the lung cancer rise to an over-all increase in smoking by women during that period. The heart disease, he speculates, is partly due to other factors, such as the wider use of oral contraceptives, and also to an increase in filter-tipped cigarette use.

Since 1955, cigarette sales in England and Wales indicate a dramatic switch from plain to filter brands. "The possibility that for coronary heart disease filter-tips might be more harmful than plain cigarettes is of considerable importance in view of the large number of filter-tipped cigarettes now smoked," Dr. Wald concludes. "At present, our main problem is pinning down more clearly the comparative death rates for coronary heart disease among smokers of filter-tipped and plain cigarettes," he told MWN. "And a chief difficulty in such an investigation is that so few persons smoke plain cigarettes these days."

While the Oxford researchers were pondering epidemiology, the British government, with the tobacco industry as a reluctant partner, launched an attack on smoking, a habit "responsible for at least 50,000 premature deaths annually," Dr. David Owen, Minister of State for Health, told the House of Commons. This year the government will spend about \$1.836 million on antismoking propaganda. If that tactic doesn't work, Dr. Owen warned, antitobacco laws would be introduced. ■

Placidyl® ^{IV}
(ethchlorvynol capsules,
N.F.) 500 & 750 mg.



Brief Summary

Indications—Placidyl (ethchlorvynol) is indicated as short-acting hypnotic therapy in the management of insomnia.

Contraindications—Drug hypersensitivity and porphyria.

Warnings—Not recommended during the first and second trimesters of pregnancy.

Placidyl should be used with caution during the third trimester, as the drug may produce depression and transient withdrawal symptoms in the newborn. Caution patients of possible exaggerated effects with alcohol, barbiturates, tranquilizers or other CNS depressants. Exaggerated effects might result in blurring of vision, paralysis of accommodation and profound hypnosis. Caution patients concerning driving motor vehicle, operating machinery, or other arduous operations requiring alertness after taking the drug. ADMINISTER WITH CAUTION TO PATIENTS WITH SUICIDAL TENDENCIES AND DO NOT PRESCRIBE LARGE QUANTITIES OF DRUG. Adjustment of the dosage of oral antacidants might be necessary when beginning ethchlorvynol therapy, during therapy, or after stop therapy. This drug is not recommended for use in children. PLACIDYL HAS THE POTENTIAL FOR THE DEVELOPMENT OF PSYCHOLOGICAL AND PHYSICAL DEPENDENCE. INSTANCES OF SEVERE WITHDRAWAL SYMPTOMS, INCLUDING CONVULSIONS AND DELIRIUM CLINICALLY SIMILAR TO THOSE SEEN WITH BARBITURATES, HAVE BEEN REPORTED IN PATIENTS TAKING REGULAR DOSES AS LOW AS 1000 MG. PER DAY OVER A PERIOD OF TIME WHEN THE DRUG WAS SUDDENLY DISCONTINUED. PROLONGED ADMINISTRATION OF THE DRUG IS NOT RECOMMENDED. Addiction-prone patients or those who are likely to increase dosages of the drug on their own initiative should be observed for evidence of signs or symptoms which may indicate possible early withdrawal or abstinence symptoms. Signs and symptoms associated with withdrawal and abstinence include unusual anxiety, tremor, ataxia, slurring of speech, memory loss, perceptual distortions, irritability, agitation and delirium. Less well defined signs and symptoms, not necessarily due to withdrawal and abstinence, may include anorexia, nausea or vomiting, weakness, dizziness, sweating, muscle twitching and weight loss. Abrupt discontinuance of Placidyl following prolonged overdosage may result in convulsions and delirium.

Precautions—Toxic amblyopia has been reported with long-term continuous use of ethchlorvynol. Permanent visual defects have been observed although amblyopia has improved after discontinuation of the drug. There have been reports of peripheral neuropathy associated with excessive ingestion of Placidyl. The onset of symptoms was concurrent with the increased ingestion of Placidyl, and the onset of symptoms closely followed the discontinuation of the drug. Drug dosage should be limited in elderly and debilitated patients to the smallest effective amount. If pain is present, this drug should only be given if insomnia persists after pain is relieved with analgesics. Caution is advised in prescribing the drug for patients who are being treated with either MAO inhibitors or antidepressants. Silent delirium has been reported with the combination of Placidyl and amitriptyline. Drug dosage should be reduced if prescribed for patients taking MAO inhibitors or antidepressants. Care should be exercised in patients with impaired hepatic or renal function. Patients who respond predictably to barbiturates or alcohol, or who are excited and release of inhibitions in association with such agents, may also react in this way to Placidyl. Rarely, patients may exhibit symptoms suggestive of an unusual susceptibility to the drug, such as prolonged hypnosis, profound muscular weakness, excitement, hysteria, or syncope with marked hypotension. Transient giddiness or dizziness may occur.

Adverse Reactions—Hypotension, nausea or vomiting, gastric upset, aftertaste, blurring of vision, dizziness, facial numbness, and allergic reactions typified by urticaria have been reported following Placidyl administration. Mild "hangover" and symptoms of mild excitation have occurred in some patients. There have been rare reports of cholestatic jaundice occurring in patients taking ethchlorvynol. A few cases of thrombocytopenia have been reported in patients receiving ethchlorvynol.



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